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THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

Incorporating
THE LOS ANGELES JOURNAL OF ECLECTIC MEDICINE
AND THE CALIFORNIA MEDICAL JOURNAL
ISSUED MONTHLY

OCTOBER, 1919

O. C. WELBURN, A. M., M. D., Editor

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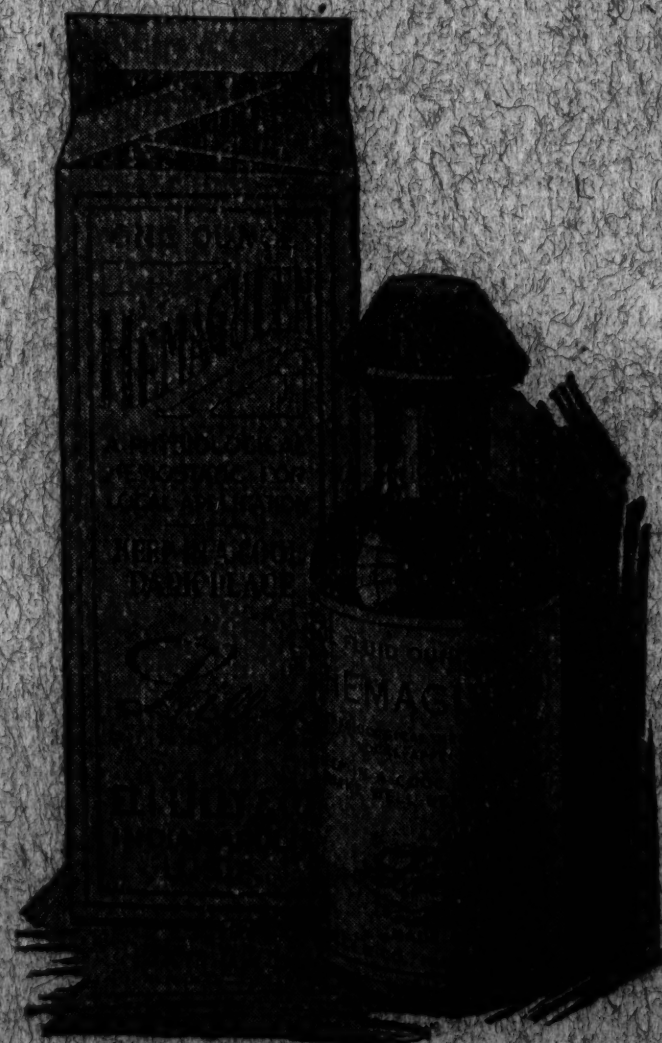
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SUMMARY OF REPORTS FROM ONE THOUSAND PHYSICIANS

Remedies named as most useful in INFLUENZA

Aconite	788
Gelsemium	772
Bryonia	707
Macrotys	384
Veratrum	353
Eupatorium	328
Lobelia	324
Asclepias	268
Ipecac	236

Remedies named as most useful in PNEUMONIA

Bryonia	723
Aconite	617
Veratrum	576
Lobelia	468
Ipecac	411
Asclepias	366
Gelsemium	293
Belladonna	169
Sanguinaria	134

Many physicians found it impossible to name **any** remedy as of "most importance," stating, very truly, that **each** is "most important" when its use is indicated. Others named two or more as most serviceable, giving usually the conditions under which each was used. **For example**, "Gelsemium is most frequently indicated, but where **sepsis** is marked, Echafolta or Echinacea becomes most important." A typical answer, often made, is as follows: "In nearly every case I find indications for **three** remedies—Gelsemium, Macrotys and Eupatorium." Again, "Aconite for fever, Eupatorium for bone-ache, and Macrotys for muscular soreness."

EXTERNAL APPLICATIONS

Libradol	618	Camphorated Oil	62
Compound Emetic Powder	185	Onion Poultice	38
Turpentine Applications	110	Iodine Applications	14
Antiphlogistine	96	Scattering	120
Mustard Applications	72		

Under "Scattering," are included many private prescriptions, as well as such applications as "mush jacket," "flaxseed poultice," "quinine and lard," and one each of the following: "capsicum, mustard and tar," "tobacco and wheat flour," "snuff and black pepper." "Dry cupping" finds one advocate.

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Respectfully,

LLOYD BROTHERS.

Cincinnati, Ohio, March, 1919.



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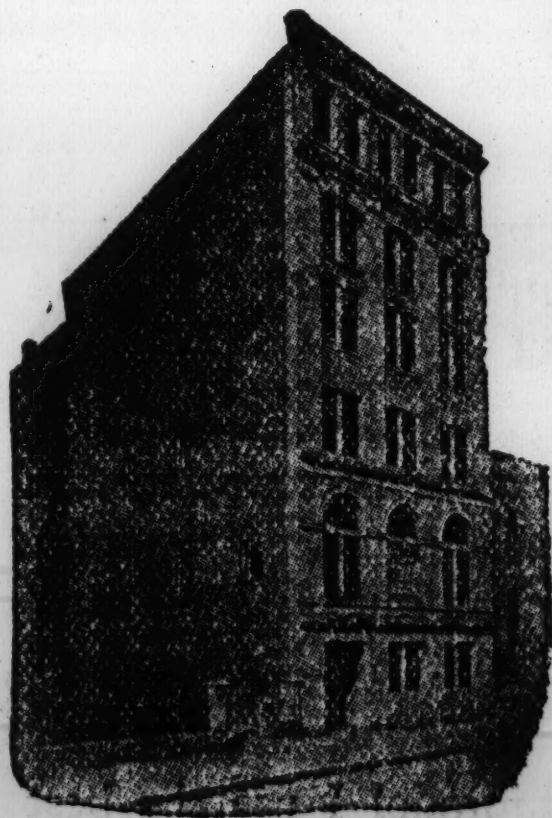
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The California Eclectic Medical Journal

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OCTOBER, 1919

No. 10

:: Original Contributions ::

PREPAREDNESS

L. L. Haight, M.D., Los Angeles

Read Before the California Eclectic Medical Society

We are all conversant with preparedness.

Preparedness for War.

Preparedness for Peace.

Preparedness for Life, etc., but in the final summing up, of all preparedness, or the preparedness of all preparedness the first thought should be of Pediatrics, for upon the future generation absolutely depends the life of a nation and a world. Pediatrics to every conscientious physician should and does include not only the treatment of diseases of children but the prevention of any such diseases from the time of conception, or even preceding that; the health of prospective parents should be considered, also the environment of the future child, whether proper conditions such as food, fresh air, play, education, etc., can be secured. These as well as many other pertinent questions are worthy of consideration and present themselves particularly to the physician's notice.

NEXT. When "The Little Stranger," or rather, friend, is in our midst, how should he be cared for to prevent acquiring disease, but if acquired, how remedied and the spread of the disease, if contagious, prevented. Truly a great problem and yet one of great satisfaction when accomplished.

In Pediatrics diet assumes a very important role. My experience has taught me that while there are many fairly reliable laws which can be laid down in our control of the diet, nevertheless our rules must necessarily be somewhat flexible, for due to personal idiosyncrasies each individual is a law unto himself.

Eclecticism also teaches that specific indications require specific remedies and this as surely applies to foods as med-

icines, and I believe that much thought should be given this subject. Obviously in this article I can only touch the high spots and not pretend to completeness in reference to diet for children.

In infancy—mother's milk with few exceptions, the fewer the better, but where we know that we have an exception we should, as a rule, approximate mother's milk as near as possible, meeting specific indications with specific modification of the food. An exclusive milk diet should not be given to a child over one year of age except under unusual circumstances.

Generally speaking in constipation give more cream or fat or 150 c.c. to 200 c.c. Oatmeal gruel daily, alone or as milk dilutant and in diarrhea, less fat or cream. Boiled milk—less sugars and starches which fermenting produce toxins. Irregular feedings as well as dirt and deficiencies in the milk cause diarrhea.

We constantly meet children who are fat. Some just fat, others fatter, and still others fattest. This does not denote health for many of these cases show undevelopment of the structural framework; in order words, poor bones, deficient in lime salts.

Specific indication in this case is insufficient bone material, and I have found in small children that goat's milk, properly diluted, serves the purpose quite well, as it contains more iron and calcium salts than cow's milk, and more easily assimilated, as the emulsion is better, and oil globules being one-fifth the size, richer as a rule, reaction alkaline same as mother's milk, curd small and flocculent permitting the gastric juices freer access, one-fifth the amount of goat milk curd precipitates in the stomach as to cow's milk and less danger of tuberculosis in goat than cow. Of course the goat's milk is used raw for if cooked it has a peculiar flavor and the vitamins are destroyed. During infancy and childhood spinach and other vegetable juices will be digested and should be given for deficiency diseases; also fresh milk and fresh fruit juices and a limited amount of fresh meat, as these diseases, especially scurvy, are frequently found in institutions where a too exclusive diet of preparations of ordinary white flour, tapioca, rice, sugar, sago, hominy and starches are given. We should not wait for definite rachitic or scorbutic symptoms but should give vitamin bearing foods when we have loss of weight or stationary weight, restlessness, head sweating, irritability, greenish liquid stools containing curds or mucus.

The internal secretions are supposed to be stimulated by

the vitamins and in turn act as hormones to stimulate enzymes.

Spinach stands highest as to organic salts, mostly calcium and phosphorus. Calcium 3.06% of the total salts and phosphorus 4.26%.

Lettuce for iron with spinach a close second, .91% and .86%, respectively of total salts.

Spinach contains 8.68% organic sodium of total salts but is mostly lost in cooking. Use raw if sodium is desired.

The protein per cent of meat is 20% to 25%, navy beans 22.5% lima beans 20.3%, lentils 25%, peas 24.6%.

Older children will gradually acquire a more varied diet but should not show too much haste in omitting milk. These older and more active youngsters require a higher proteid diet. Meat not too often. Once a day is enough, and in the majority of cases too much. Hominy, cornmeal, oatmeal, cracked wheat and any of the above proteid vegetables.

Bread made of white flour has been deprived of vitamins and necessary mineral salts as well as the roughness required for a mechanical stimulation to produce peristalsis.

Fruits and Fruit Juices: During the recent influenza epidemic I had particularly good results with orange juice diluted with water. Only two cases in from 200 to 300 became nauseated and one of these later expressed a desire for the orange juice, and when given properly diluted, enjoyed it. It is nutritious, easily digested as a rule, and a gastro intestinal tonic. Infants enjoy the sweet orange juice and I use it in practically all cases.

The technique in preparing vegetables is of utmost importance. The excessive waste of salts in boiling and draining ranges roughly from one-quarter the total in onions to three-quarters of the ash in spinach, and this is lost in the first part of the boiling.

Steaming is the most economical method of preserving these salts, and for the last six or seven years I have at times used the raw vegetable juices, grinding fine and pressing. If a steamer is not convenient a double boiler may be used. In cases of an infant where the closing of the fontanelle is slow the feeding of vegetable juices will show a marked improvement.

Scorbutus has long been noted in infants fed on pasteurized or boiled milk, and it is now believed that the heating of the milk destroys the vitamins, and in this connection I wish to emphasize the antiscorbutic value of orange juice.

Digestive capacity is reduced during illness and as a consequence there should be a reduction in food, either by adding

water or giving from one-fourth to one-half less food, or omitting meals entirely and giving hot water or orange juice and water equal parts.

In nurslings water given just before nursing will reduce the quantity taken. In bottle fed youngsters replace a portion of the food with water.

Tact is very essential in feeding sick children and there is usually some one at times, mother or father or nurse, who can succeed in individual cases better than others, and to such should be intrusted this duty.

Over feeding, either in quality or quantity, is the most frequent error, and next irregularity.

Forced feeding or coaxing by means of sugared food, etc., is to be condemned for when a child does not wish to eat he, as a rule, demonstrates more good sense than his elders would under like circumstances.

When a child's breath is temporarily bad (excluding oral defects) and he is torpid, keeps clean and is quiet and he behaves like a little "gentleman," omit food for twenty-four hours and give hot water several times. Usually gastric indigestion.

Following I shall endeavor to outline diets for specific diseased conditions, realining that, as before stated, idiosyncrasies modify any diet.

Acute Nephritis: Omit meat, meat derivatives, eggs, peas, beans, lentils. Give hot water, except with oedema and anascara, orange juice diluted, stale whole wheat bread and butter, zwieback and butter, apple sauce. The necessary protein can be obtained from milk six to eight ounces at four-hour intervals three times a day, but not within an hour of fruit or vegetable juices. Table salt none.

I believe that at times too much sugar and starches are given whereby the liver becomes overloaded and throws more work on the kidneys.

Eczema: Nurslings—Regular feedings preferably four-hour intervals. Mother's bowels should evacuate at least once daily. If excess of fat in mother's milk give barley water before nursing. Enema for baby.

Bottle fed babies—Reduce fats and sugar. Change formula—Dilute with gruel—skimmed or evaporated milk. Idiosyncrasies to certain foods (strawberries, eggs, salt, etc.) are often responsible for skin eruptions.

Icterus: First twenty-four hours. Orange juice—lemonade (not over sweetened), water. Repeat is necessary. Green salads—fruit juices.

Marasmus: Usually in bottle fed babies and often caused by too much or too strong formulas of cow's milk. A wet nurse may solve the trouble. Goat's milk diluted has shown remarkable results. Orange juice and vegetable juices particularly. Barley water. Each child seems to be a law unto himself.

Rheumatism: Fats, sugar and meats taboo. Egg yolks also. Feed vegetables, stewed fruits, fruit juices, cereals, buttermilk, skimmed milk and puddings from skimmed milk.

Mucous Colitis: Most cases are or have been taking relatively large quantities of milk, which should be discontinued. Usually constipated. Feed malted milk or whey, cereals cooked three hours, broths, whole wheat bread, spinach, carrots. Puree of lentils, peas, beans should be given freely.

Obesity: Milk and milk products contra indicated as well as candy and sweets. Feed green vegetables, fresh fruits. Stale whole wheat bread. When feeding cereals use skimmed milk.

Tuberculosis: No over feeding or forced feeding. Candy, cakes, etc., are not advisable as they produce gastric disturbances. Milk chocolate after mid-day lunch to satisfy candy craving. Feed high proteid foods, dried peas, beans, lentils, oatmeal, milk, meat, green vegetables.

The objection to forced feeding is that it produces a disgust for food and upsets the stomach thereby producing a real loss in condition while recuperating. Great care should be exercised to remain just within the bounds of assimilation so that the best nutrition is secured without over loading.

Rachitis: Omit artificial foods owing to lack of fat and proteids. Cow's milk should be carefully given in formula that can be assimilated. Scraped beef, oatmeal gruel. After first year or eighteen months puree of peas, beans, for proteid; for lime salts, milk (preferably goat's), spinach 3.06%, cabbage 2.62%, lettuce 2.56%. This is the per cent of calcium of the total salts after water has been extracted. These also run high in potassium salts, with lettuce leading. Plain cod liver oil is good food in these cases.

Recurrent Bronchitis: Kerley in Practice of Pediatrics says "Sugar and fats cannot be taken by them." Hand Book of Therapy A.M.A., advocates "Good, food rich in fats," for bronchitis. Take your choice. Nevertheless I think that there is usually a history of improper foods or over eating and I am personally opposed to "rich in fats" diet. Orange juice diluted, fruits, vegetables. Meat not more often than once in three days if at all. Urge drinking of hot water.

Diphtheria: On account of trouble in swallowing food in as concentrated a form as possible should be given. Milk with lime water should be the main portion of diet and it will be more easily taken if cold. Owing to the pain from drawing on a nipple the holes should be enlarged or preferably use a spoon or cup in feeding. Gavage may be required. Give predigested cereals, peptonized milk. Plenty of water should also be given if there is no tendency to vomiting. Rectal feeding may be used for a day or two but is of rather doubtful efficiency. Milk thoroughly peptonized and pancreatized. To preserve the vitamins and enzymes it should be unboiled. Skimmed milk is preferable as an excess of fat cannot be used. Any rectal feeding should be alkaline in reaction.

The following method is given by the Practical Medicine Series: 6 a.m., 4 p.m. and 10 p.m. Glucose 1 oz., strained juice one-half orange, sodium bicarb and sodium chloride of each gr. xxx. Water to make 10 oz.

8 a.m., 12 noon, 6 p.m. and midnight. Five ozs. skimmed milk thoroughly peptonized and pancreatized. Every second day a physiological N-CL enema is given at 4 a.m. and the 6 a.m. glucose omitted.

Simple Anemia and Chlorosis: Simple anemia is probably more often due to improper feeding than is generally realized. Rest and temporary removal from school together with fresh air and sunshine will aid materially. Of much importance is the proper diet and regularity. No eating between meals. Goat's milk—iron bearing foods should predominate and should be given in the manner in which greatest assimilation can be secured. It is claimed that cooking vegetables or fruits renders the iron as useless as iron filings.

Spinach contains 35.9 Mg. of Iron per 100 gm. Apples 13.2 Mg. of Iron per 100 gm. Oats 13.1 Mg. of Iron per 100 gm. Beef 4.8 to 16.6 Mg. of Iron per 100 gm. Preferably given underdone or raw.

While these observations are intentionally brief I do not mean in any way to detract from the great importance of diet in health and disease, and I realize that a paper of this sort could go on indefinitely and monotonously, and I also know that it is impossible to give an entire satisfactory dietary. I have never seen one nor do I expect to do so. Nevertheless of recent years it seems more thought is being given to the diet as to vitamins, salts and adaptability of the patient than heretofore, and I hope that it is an advance in the right direction.

WHAT SHALL I WRITE ABOUT?

Herbert T. Cox, M.D., Los Angeles

Read before the Los Angeles Eclectic Medical Society

Some two or three months ago I attended the last meeting of the Los Angeles Eclectic Medical Society to be held until after the summer vacations were over. At that time I was told that I was IT for the next paper in September when we met again. Well, that was a snap to have so long in which to prepare a paper, but here it is the middle of August and the lazy summer days have slipped by without arousing one bright spark of inspiration or stinging pang of duty. My cerebrum rebels. Why should I or anyone else write a paper? And answer echoes: It is my duty. It is my duty to do my part toward the common interest in our profession and each other's progress and welfare. It is the duty of each to belong to the respective societies to which his fellow workers belong, and to take the representative journals.

These societies and journals are for our benefit, each and all. And they succeed in proportion as each member, subscriber or writer does his bit. Therefore when my turn comes I should add my bit, be it ever so small. My idea, or my way, is probably different from the other fellow's, and it may give him something new or he might go one better. Or he may have something that puts my method in the shade. We Eclectics are of small numbers and scattered, and therefore need these advantages of exchange of thought perhaps more than the dominant school, and we especially on the West Coast, as we are far removed from our fountain head of learning, having no college this side of the Rocky Mountains.

Of course each is busy and successful and follows too much a compass of his own magnetizing. Is it not written that when the face is flushed, eyes bright with contracted pupils, restlessness, excitability and elevation of temperature that Gelsemium is the remedy and that when there is sluggish capillary circulation, skin cool and relaxed, dull eyes with dilated pupils, mental dullness and inactivity it spells Belladonna? Sure. That is an Eclectic axiom and we can't tell the other fellow, or he can't tell us anything new when he tells us that. But there are hundreds of things not so self-evident as these A, B, C's of Specific Medication. Yes, there are new books being put out every day on all new subjects, but in these days of modern medicine, which one of us can read them all? So if one finds a good point or gains some

practical knowledge it is all the more valuable, and should be discussed and thus it benefits us as a whole.

The second point: What shall I write about? We might write a paper upon some of the drugs from Aconite down to Zingiber, or upon some disease from Appendicitis to Zoster. Again we might write an article upon the advantages of Eclectic practice over Allopathy or in comparison with Homeopathy. But all of this would be along the line of the same material that has been hammered into every good Eclectic while he was attending medical lectures. It would be too much threshing of old straw to perhaps find a few overlooked grains. There are new harvests to be gathered and threshed out and various other fields of medical interest to be gone over. There may not be much clearness in the argument above, but the point I am heading for is, that there are many things that might be discussed in our medical societies that would be of greater financial and professional benefit to us, that are not taken advantage of.

Thus there are matters of ethics and co-operation. Matters of financial and economic interest, as for instance, different forms of bookkeeping, systems of collections, systems for records of cases. Conveniences of office equipment and arrangement of offices. Schedule of fees for various work. Matters of technical interest, such as new and more accurate instruments. Quicker and more accurate laboratory tests, etc. New remedies, reagents, books, etc.

What set of business men or manufacturers would meet in convention, time after time, and not discuss financial or economic questions, but spend all their time discussing how to make their product better or how to make it last the buyer longer? Yet the medical meetings generally follow an analogous course of how to more quickly cure the sick (which is proper), but never much about how the doctors may help themselves or cure their ailing economic system. It is said that physicians are poor business men. Of course this is true of some and not of others, perhaps less so today than fifty years ago, because being surrounded by and brought more closely in contact with systematic institutions the professional man has absorbed some of this atmosphere. The public takes us at our face value. When he sends a bill for services, any business man or mechanic will insist on being paid promptly. A physician sends his bill—sometimes with some apologetic request for payment, and then sits and waits. Working for the benefit of suffering humanity is an excellent thing, but it must logically come second, as an adequate income is of necessity first. For with increased income we can

improve our knowledge, have more spare time and add materially to our equipment, which all means better service to our patients. I do not mean to neglect the poor, for they are ever with us. It is those who are able to pay and are neglectful or unwilling, that we have to watch.

This matter of collection, fee bills, economic problems, economical methods of purchasing drugs and supplies, time saving or economical equipment, newer advances in medicine and surgery, legislation, laws, etc., could all be taken up in a regular business-like manner by our societies to the benefit of all of us.

Local societies might have one or two meetings a year upon such subjects or at each meeting have one appointed beside the essayist to bring up current medical events. Or a committee to hold office for a certain length of time to bring such matters up at each meeting for systematic study or discussion.

State and national societies could each have a section devoted to such matters including perhaps legislation. Thus we would begin to see results in our co-operation.

W. S. S.

Latest available figures, the United States Treasury Department announces, show that annually more than 5,000,000 persons in the United States apply for and receive free aid.

That is, it was free to them. Other citizens paid for it, to the tune of some \$100,000,000, and maintained institutions valued at half a billion dollars.

This aid was mostly temporary; only 314,234 persons remained in such institutions at the close of the year. Probably a small nest egg would have saved a vast majority from what most people dread, and the thrifty citizens of the nation would have had their tax bills materially reduced.

The citizens of Los Angeles should support the National Thrift Campaign now everywhere manifesting itself. Self-interest dictates it. The National Government's best security, Savings Stamps, is issued in denominations as low as \$5 and bears a high interest. There are other safe means of investment. The destruction of the poor, a wise man said, is their poverty. It also bears hard on the taxpayer. Let's abolish it. Moderate, steady saving will do it.

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INFLUENZA RECRUDESCENS

About a year ago the influenza, about which we had heard and read a good deal, became prevalent in this locality; and all of us had the privilege of an intimate acquaintance with its manifestations. And not a few of us had the pleasure of a personal acquaintance. After a time the virulence of the infection abated and its gradually subsided. Some say it disappeared. However we cannot agree with the latter statement, and this opinion is shared by many of our colleagues. In fact, it is their opinion rather than our own. We believe the correct view is that the conditions—and they are numerous and varied—became unfavorable for this disease in an active form. The severity of the attacks were lessened and it changed from an epidemic to a sporadic disease. Because of their mildness, many of these cases passed unnoticed. If this be the correct view the disease has been present right along and it is a question of recrudescence rather than recurrences. Assuming that it will become prevalent again as soon as the conditions become favorable for its development, we suggest that the reader have his wits about him and at once

seek the seasonal remedy; for it does not necessarily follow that remedies which were so successfully used last year will be the best remedies to use this year. Also we urge our readers to send in their observations for publication to the end that we may be helpful to each other.

SECRET—PRIVATE—PERSONAL

(No. 1—Secret)

John Uri Lloyd, Phar.M., Cincinnati, O.

"Come, now, and let us reason together."

In the opinion of this writer, misunderstanding of ideals and motives causes much of the trouble that prevails when in anger friend parts from friend. Neglect to define one's position, properly and fully, on a problem that presents several viewpoints, may breed antagonisms where, could the two minds be brought together before prejudice was bred, harmony instead of discord would have resulted. Perhaps the misconception of the meaning of a word or words, where shades of distinction may perplex even an expert, holds men's minds apart. Comes first this one-sided impression, then, as discussion progresses, intensity of argumentative passion takes its place; next comes self-bred fanaticism in which the disputants forget the original cause, to make personal their grievances, which may finally lead to estrangement, even hatred, each of the other. Leaders may they now become of discordant factions, who jump at conclusions with not less vehemence than have their misled authorities. The perhaps obsolete meaning of a word may be the foundation on which one party stands—the not less important dictionary's shading of that word's application may possess the other.

To meet together in friendly discussion of this or any other problem becomes now impossible—individual hatred has made fanatics of one and all. Helpless to argument as a fish in a net is the man steeped in dogmatic fanaticism. Cast your eye about you, possibly the mote that rests therein may yet permit you to perceive the faults of others, who in turn see your mote as a mighty beam that obstructs your vision. To cast out these motes is as difficult as to take to one's self the time honored text that heads this article:

"Come, now, and let us reason together."

Many are the men, deep-dyed in medical and pharmaceutical ethics, who during past decades delighted to bite and scratch and fight each other over the words "secret" and "private."

To many men involved in the ethics of medicine, as well as pharmacy, these words were alike discrediting. And yet, in some directions, this writer believes that neither word, properly considered, is subject to criticism in either legitimate pharmacy or ethical medicine. Indeed, he has been so bold as to assert, for many years, that the very leaders in self-made ethics, laid down for others to follow, might well, before assailing a neighbor, search their own eye for the mote, which perhaps needs, for location, neither microscope nor telescope.

Take your dictionary. Observe how liberal is the expert lexicographer concerning the shadings of this word, Secret: "hidden; concealed; not revealed; private" (Webster). Note that in establishing its authoritative use, appropriate quotations are offered from various authorities: "Secret graces and virtues are the hidden beauties of a soul." "A secret or silent prayer." Now contrast this implied altruistic use of the word with "I will have nothing underhand." Between there rests a line of shadings that nearly parallel, in their contact meanings, the questionings of a fungus expert perplexed in his art. And yet, in the ethics of some authorities in medicine, but one thought applies to him who practices any phase of therapeutic secrecy. He is not of the Code—altogether bad, he is "irregular."

Thus years ago this writer filled prescriptions for a talented physician, a regular of the regulars. In those days, oftener than now, the "Code" was used as an implement to distinguish between him outside the pale and him blessed by the Code's all-wise protection. This physician stands yet in memory as a conscientious, gifted man, second to no other, professionally or ethically.

Consider now one of his patients, whose face rises to memory's call. Unconscious was she that, a hypochondriac, she was a representative of a peevish class. Medicine she must have to live. To her, the (this) physician was next to the Infallible. And yet time after time his prescriptions for her use were bread pills, dusted sometimes with cinnamon, again with licorice and occasionally with wood ashes. Varied in size and color were they to serve this lady's need, and well did they accomplish their purpose.

And yet some there are who might argue that in comparison with deception such as this quackery need not blush. This question each reader is entitled to settle to his own satisfaction. Another might assert that mind-cures might justify their cause by this bread-pill example, a problem it is also unnecessary for us now to discuss.

Ask the physician of the olden time, whose patients would not take calomel. How many prescriptions of hyd. chlor. mit. were written for these "fanatics!" In those days some persons believed quinine "racked the bones" and bred untold disorders. Cinchona, the Jesuit's pernicious powder, was by some considered of the devil's brew. Ask the physician of half a century ago how many prescriptions he wrote for "Huxham's Tincture" where quinine would better have served his purpose?

In those days it was the duty of the druggist to refrain from explaining to any layman the prescription's content. Is not this yet the proper rule? Did not this secrecy of the physician in his methods of prescription mysticism give rise to charges innumerable? Were not the very framers of the Code against secrecy in medicine, in the eyes of a great part of the public, the most pronounced of all secret practitioners? Did they not, in the opinion of many men, approach perilously near the "Black Art" in their use of cabalistic formulae?

Do not accept that by citing these examples this writer makes an argument favoring the open door between physician and patient in therapeutic agents. Instead, he believes that the physician should not be hampered by unqualified questioners. He should be implicitly trusted. He is called to treat our loved ones because these patients cannot serve themselves. Never does this writer ask his physician the names of the remedies administered to a member of his family or to himself.

The object of this phase of our discussion is to indicate that the term secret needs not, even with a physician, be always accepted in the sense some authorities might and do apply it. The very province of the physician entitles him to the privilege of professional reserve that, for special service, even approaches deception when the patient's welfare so demands. And what of the pharmacist?

Knows anyone the pharmacist who to a physician's patient discloses the ingredients of a prescription? Instead, does he not ever sacrifice himself in financial directions to preserve inviolate the trust placed in him by the physician? Is he not constantly solicited to explain the prescription? Is not, as fifty years ago, the answer: "Ask the doctor; I have no right to discuss the subject"? Does he not accept that secrecy as to some of the ingredients may be very necessary? Have we not examples of cases where the care of a physician as to overdoses was deplorably disturbed by patients who, getting the name of an ingredient, purchased the drug in bulk, to his distress? Behold we not today the evils of self-medication by him who purchases the fashionable synthetics that, in this

writer's opinion, should be administered carefully, even by the physician who stands with his hand on the patient's pulse? Possibly greater secrecy might today be serviceable to humanity. Would it not be better had greater secrecy long since been practiced in some directions? Who knows the dire effects of some of the modern agents unwisely made familiar to the public?

"Come, now, let us reason together!" Concede that some forms of secrecy in therapeutics are closely akin to chalatanism, but that others may be necessary to the patient's comfort and welfare. Let us next consider the word private, which is even more obnoxious to some persons involved in enforcing pharmacy ethics on their neighbors than was the word secret to the purist of the old-time medical code.

* That royalties were paid by some pharmacists to some physicians is not denied by this writer, who asserts, however, that such processes were never practiced by men classing with his preceptors or physicians favoring them with distinctive patronage.

† In this Cod Liver Oil replaced Neats-foot Oil (U. S. P., 1850), then official in Citrine Ointment.

SECRET—PRIVATE—PERSONAL

(No. 2—Private)

John Uri Lloyd, Phar.M., Cincinnati, O.

Private.—Come, with this word, phases of definition in both pharmacy and medicine, apart from those recorded by almost any recognized authority. In this writer's opinion, the artificial construction localized in both the medical profession's code and the by-laws of the art of pharmacy needs be relieved from any touch of opprobrium when the word "private" is properly employed. Its use, as given by nearly every recognized authority, shatters no professional or commercial ideal that recognizes the right of any one to a privilege in ambition's advancement of both self and others, in science, profession or art.

The "odium" attached to the word private in both medicine and pharmacy is well deserved from one view, as it concerns the impostor, and should not be abandoned. But contrary aspects are by some considered of not less importance, and no definition that attaches to this word a blanket stigma in either art or profession stands as authority by independent legal, ethical or lexicographical standards.

Note a few of the definitions of the word, as recorded by Webster:

Private, a.—Belonging to, or concerning, an individual per-

son, company, or interest; peculiar to one's self; unconnected with others; personal; one's own; not public; not general; separate; as, a man's private opinion; private property; a private purse; private expenses or interests; a private secretary.

Not publicly known; not open; secret; as, a private negotiation; a private understanding.

Private, n.—A secret message; a personal unofficial communication.

In private, secretly; not openly or publicly.

To apply these, fairly, to pharmacy or to medicine shocks no ethical sensibility, if claims for "occult" superiority or unwarrantable pretensions be avoided. A physician is warranted in having private opinions concerning therapeutic problems, and, so far as this writer can perceive, he has a right either to maintain them in his own practice or announce them by open discussion. But to herald to the world unwarranted claims for possession of exceptional qualifications is as improper as for a bank to announce the possession of capital that does not exist. To each the common law of ethics applies—by both the word private is debased if complicated with falsehood.

But it may be forcibly argued that the profession of medicine is a humanitarian cult, that of the banker, materialistic; that the physician is not in general business and has no right to anything private, regardless of personal needs or professional opportunities. To this some might answer, the establishing of a conspicuity that, as a part of a therapeutic specialty makes self-reputation, is in itself a personal business service; that the physician who makes a superior reputation either in diagnosing a class of ailments, or for treatment thereof, brings to himself the return of merit from other afflicted persons, who prefer to trust the successful originator, even though the process of treatment and the agents employed are by him broadly published. It might be argued that the more widely a surgeon publishes his processes and reports successes, disclaiming anything private, the more cosmopolitan becomes his personal opportunity.

Upon the other hand, one might argue that, as concerns the public's responsibilities to a benefactor, it is sophistry to attempt to draw a distinction between the iron-monger who serves the people and profits thereby, and the physician who likewise devotes to them his care and thought. If the iron-monger succeeds in accomplishing something of general value, through private or patented processes, the people, including physicians and surgeons, pay the bill. In like manner, if the physician or surgeon makes discoveries that are valuable, he

should be financially recompensed, if publicity for the general good is accorded. In such as this, each party to the discussion may in all fairness take a part.

However, most insidious, often approaching sophistry, are such arguments, in some of their ethical, as well as material outreaches. That physicians or surgeons should be asked to publish the details and results of every operation or diagnosis, is not acceptable to some persons. That privacy is occasionally a right of every one, and especially in such as this, is a self-evident, ethical axiom. To announce openly, much less publish, the closest discussions of a called consultation of physicians or surgeons, might do much harm. Privacy such as this seems to be a sacred trust.

Turn now to the pharmacist who joins the physician in his contribution to humanity's welfare. Might not one argue that, on ethical grounds, no one should deprive him of rights accorded in common law to others, or expect from him greater contributions to humanity than come from others? Might one not ask, should he not have the fullest self-privilege by reason of his personal (private) efforts to excel? Might it not be asked, is not the accomplished pharmacist entitled to even greater personal privileges than the physician, because he is dependent wholly on the materialistic side of his profession or art for his opportunity to serve the people? Is not the pharmacist who devotes his early youth to pharmaceutical education, who in later years spends his money, often the savings of a lifetime, to the limit in acquiring knowledge, confronted with competitors no less unworthy than the charlatan who discredits the term physician? In the name of justice, why should the worthy pharmacist be deprived of personal recognition? Why should any one deny him the returns that he has earned, and that can not come unless he keeps in private details that the charlatan neighbor has not acquired? In this line, knowledge is property, and it might be argued that one of the reasons why young people take a pharmaceutical education is to enable them to become superior in their art; that every qualified pharmacist, be he young or old, who has by sacrifice earned his privilege to the position, is surrounded by competitors with larger signboards over their doors, whose advertisements to the public are such as he is, as a rule, ethically denied.

Summing it up from this angle it might be argued that private processes earned by educational accomplishments by a legitimate pharmacist (even the method of compounding a "face lotion" or an elastic pill) take nothing from others, and that neither law nor justice would demand that a pharmacist

deny himself the privilege of fair business returns through such privacy. Does not this view prevail throughout the length and breadth of the land, in the judgment of the public generally, and, most generously, of the practicing members of the profession of medicine? The physician naturally, as he should, recognizes the fairly earned art of the qualified apothecary, and gives him an individuality. He comprehends that this man of many sacrifices has earned the right to the moderate materialistic return that comes from a superiority bred by self-effort, and gives to him his professional confidence. He comprehends that the operating pharmacist is not a recompensed teacher of others; that no professional fees, paid for professional services, are his part; that his duty to the world is best accomplished in continued private efforts, the results of which he can freely give to the world, if he so desire.

And—this writer also believes that the aim of the faculty of every college of pharmacy is so to instruct the students that their after-lives may be made less irksome. They comprehend that the pharmacist is of all others a laborer of great responsibility, and that to him who thus serves others, with little recompense at the best, applies the Scriptural injunction, "The laborer is worthy of his hire."

But—and this writer uses now the first person, so as not to be misunderstood—no pharmacist, if he so desires, should be denied the privilege of instructing others, even to the wrecking of his private interests. In this I go even further; the art of pharmacy, the prosperity of the pharmacists of America, both dispensing and manufacturing, rest upon sacrifices made of private opportunities, by teaching pharmacists of the olden time; self-sacrificing pharmacists, who, in the privacy of their shops and homes, toiled, accomplished, gave, and taught. The names of a great number come now to memory. The faces of these exemplary men rise successively before my eyes, as I pen these lines. And also come, unbidden, the faces of not less sacrificing, not less modest pharmacists, who today are worthily utilizing, for the benefit of others, the wealth handed down to them as a sacred trust.

To such as these applies the Scriptural injunction, "It is better to give than to receive."

* Indeed, that fair-minded pharmacists recognized the justice of the case can be testified, because "Gordon," with whom this writer was an apprentice, purchased the preparation from "Fennel" in order that Dr. Williams might have no reason for complaint.

† By right of experience do I write. After Dr. Chapman failed in business, for two years he was "head clerk" of Mr. Gordon's pharmacy. Under him an apprentice needed no incentive to master his art—Dr. Chapman was enthusiastic in his misfortunes.

SECRET—PRIVATE—PERSONAL

(No. 3—Personal)

John Uri Lloyd, Phar.M., Cincinnati, O.

"Personal.—Of or pertaining to a particular person; relating to, or affecting, an individual, or each of many individuals; peculiar or proper to private concerns; not public or general; as, personal comfort, personal desire."—Webster.

Wherever one turns eye or thought, comes to view a thing newly perceived or a thing recollected, to remind of something else. The leaf of this tree, the flower of that shrub, speaks relationship with others. The fragrance of this aromatic gum or resin reminds of another; the juice of this cane reminds of other sweets; the chewed leaf of acetosella of other sours; a sliver of gentian brings to thought other bitters; the smoke of smoldering cascarilla reminds of musk. Indeed, a single substance may play a double part, as thought turns first to one substance and then to another. Close your eyes, warm the blossom of the sweet shrub in your hand, think of strawberries, then bring the blossom to your nostrils, the aroma of strawberries comes also. Think of pineapples—behold, the same unweighable emanation from the same blossom impresses the senses with the likeness of delicious pineapple. The taste of dulcamara is first bitter, then comes the sweet after-taste—hence the well-applied name, "bitter-sweet."

Personal is each things that is—and yet, no two leaves are exactly the same in contour, edge and thickness; no two odors are precisely alike; separated is each from the other by some distinction, slight though it be. Although nature leans on the one-ness of the family relationships, inherent in its several parts, there are yet shadings bespeaking individual distinction. To level the whole by destroying the personality of each fragment in this mighty mass would be untenable, unthinkable.

Akin to the modest violet, clinging close to the earth in the woodland's shadows, is the mighty hickory that, far separated by structure and nature, rears its head aloft and basks in the sunshine above its fellows of the primeval forest, looking down even upon the top of its sturdy oak companion. A cloak of bark has each trunk—that of the hickory shell-like, that of the oak deep-furrowed; the violet nestles perhaps in a crevice of the root bark.

Who would seek to endow the snow-white lily of the valley with the glory of the wild rose, or, because the lily, compared

for its beauty with the glory of Solomon, is white, would take from the rose the blush of red that crowns its thorny stem? Who would drive from the dove its gentle personality, or make of the eagle a trembling nonentity? Wherever in air, liquid or earth man turns the critical eye, come family relationships, as well as individual distinctions, that teach him inclined to reason from the lesson nature spreads before him, that this mighty maze is not a disjointed medley, but a systematic whole, in which the greatest lessons, of strength, usefulness or beauty, may come from a study of the closest shadings that tend to personality.

Turn thought now to man, whose complicated accomplishments are cosmopolitan in the extreme. Restrict it to those concerned in the various sections of pharmacy. Should they be denied the right of personality? Instead, is not the field of him involved therein so great in its recesses of observation, as well as research opportunities, that all-important to the world at large is **personality**? Is there not room for each individual to stand distinct as contrasted with others in his vocation? Does not the very acme of pharmacy's opportunity and service to humanity, as a whole, depend on the **quality** distinctions of her votaries?

Back, five decades and over, turns the thought of this writer, to where, in the commencement of his studies, behind the prescription counter, fifteen years successively he stood a "drug-gist's clerk," aiming to qualify himself as far as possible in the art of pharmacy. To have suppressed the **personal** ego so earnestly encouraged by his preceptors would surely have been to blast life's opportunity. And yet, it is plainly apparent that artificial, medico-pharmaceutical ethics of that period, indiscriminately illogical, were persistently endeavoring to suppress individuality of pharmacists who, by studious effort leading to personal business opportunity, were seeking future professional recognition.

Who of that period cannot recall the "codists'" blanket efforts to prevent physicians from a right to direct a patient to a pharmacist possessing exceptional qualifications, in perhaps one phase of the art needed in a specially devised compound? Who of those times cannot recall, not by innuendoes alone, but open charges that **royalties** were paid physicians by the pharmacists who, by earned distinction, had merited the right to prescription favors? Who of that period cannot bring to mind reflections cast on both the physician and the pharmacist when a physician directed that a prescription be

taken to a certain pharmacist whom the physician knew to have become qualified, by experience as well as by special research, in some phase of the art the physician recognized as essential?*

May we not individualize by citing a few examples from times gone by?

Prof. A. Fennel made himself a reputation as a pharmacist second to none anywhere. One of the specialties worked out by him for Dr. Williams, the famous leader of American eye specialists, was **Brown Citrine Ointment**.† Dr. Williams knew from experience that, as made by Prof. Fennel, the substance, which for use in the eye needs be unquestioned, was exactly as it should be. And yet, were not innuendoes cast at those two conspicuous leaders in their respective professions? **The ethics of the levelers down** were being broken by this "partiality." Everyone knew that no risk was run when the label of the talented pharmacist, A. Fennel, was on that jar.*

Prof. Wm. B. Chapman, a pharmaceutical educator, experimented (1864-1865), in his modest little apothecary shop, until his pin-dipped gelatin capsules, pioneers at that date, attained a well-earned professional reputation, Cincinnati over. And yet scarcely did a physician dare to specify "Chapman" on a prescription. At that date suppositories were made by pouring medicated cocoa butter into paper cones, each resting in the mouth of a wide-mouth vial. Chapman devised a metal mould, two sizes, one capable of making twelve, the other six, suppositories. He experimented with excipients until he determined not only that an addition of ten per cent. of Japan wax improved the cocoa butter, but that different proportions were desirable with different drug admixtures. A great study did he make of suppository problems and distinction necessities.

Here, too, prevailing **ethics** tended to crush the personality of him who **knew** in pharmacy, by right of discovery and of persistent thought and experimentation, care and effort. Wrong was it for any but the most independent physician to give personal recognition to this man's distinctive qualification in this specialty he had developed. Standing head and shoulders above all others, yet for Chapman to have **advertised** either his gelatin capsules or his **suppositories** made by means of a mould, would have been to damn him ethically. In the case of this exemplary man, such misapplied ethics, applied to the limit, kept him ever in commercial shadows, losing to him finally his loved pharmacy. Came the thought to this writer, in a final visit to Prof. Chapman's humble home, where

lay this man of science, breathing his last—"If regularity in ethics brings to such as neither personal opportunity, professional distinction, nor well-earned home comforts, such ethics is a misnomer. Better to live afar from the Code, contribute to humanity as an individual privileged to give or not, as seems proper, and die an **irregular**.†

Probably each reader of these lines engaged in prescription pharmacy half a century ago, in any American city, can testify to incidents paralleling such as this, incidents bespeaking the wrong resulting from a misapplied code devised to **elevate** the many at the expense of the few.

And what of the present? Let those concerned therein speak. They can answer the question as to how recognition is now given him who, in enthusiasm, devoted years to the study of the pharmacist's art, as contrasted with him who came into it from the outside, who never filled a prescription, never attended a college of pharmacy or served an apprenticeship, and yet blazes his name as pharmacist, close to his "cut rate" sign, and, as the law permits, engages a clerk.

A Plea for Justice—Is this writer alone, all alone, in asking that balanced thought be given the shortcomings of this great **ethical problem** that, founded on past altruistic ideals necessitated by deplorable abuses, stares the faces of those who today enter this field to study, work, sacrifice, in humanity's behalf? Is it possible that the young man who seeks to qualify himself above the multitude indifferent either to true ethics or earned service, seeking the opportunities given by our colleges of pharmacy, will forever be denied **personal** recognition earned thereby? Is he forever to compete with commercial tradesmen—forever to be denied **personal** recognition, even by the profession of medicine? Is he, after his care-earned diploma is handed him, then to discover that his **personality** is to be suppressed, under the misapplied argument that one pharmacist is the equal of another—that he can not assert his personal right to manipulative superiority? That all he evolves must be open to others—that he must needs, perhaps, give a gold mine to his advertising competitor, or a moneyed man's business investment? Is he forever to be governed by either a written or an unwritten code of laws that, formulated by men who make their living otherwise, has never harmonized, and never can, either with rules of business, precepts of law, or commercial methods that govern the processes of men the world over? Are our teachers in our colleges of pharmacy not to be encouraged in their great sacrifices, so that they can in some way reasonably assuer their

graduates that merited recognition will be given well-earned **personality**, whether they create a something new, or make a serviceable discovery touching medicines?

Summary.—Take now the three words, **secret, private and personal.** Draw better than does this writer, if one can, a sharp distinction between each, as contrasted with the others. With all differentiating shades of expression run into each other, with all, good or bad ethics may result if respective definitions be inflexibly applied thereto.

May not this series of studies, based on a lifetime spent in pharmacy, be considered as an attempt (very superficial) to do no more than lead thought in some way, to consider the possibility of giving both ethical credit and substantial return to the qualified pharmacist to whom such is due? That is, if any code other than a personal acceptance of "The Golden Rule" is essential to life and action either of persons engaged in the profession of medicine, or those concerned in the art of pharmacy.

* Too well this writer appreciates that "Cut Rate" signs are not a monopoly of the psuedo-pharmacist. Nor are extravagant newspaper advertisements restricted to untaught physicians.

NEWS ITEMS

Asa E. Fletcher, M.D., has changed his address from 1041 North 33rd street to 3328 North 27th street, Omaha, Nebraska.

The Denver Chemical Company has changed their address from 57 Laight street to 20, 22, 24 Grand street, New York City.

Married: Dr. Russell W. Prince and Miss Edith A. Mullen were married in Los Angeles September 23, 1919.

Dr. J. Albert Born, Spokane, Wash., has been touring in California and expects to locate in Southern California as soon as he can dispose of his interests in Washington.

Dr. S. Savage, Lancaster, has gone on his vacation for a few weeks and will visit his mother in Denver. She will return to California with him to spend the winter.

Dr. A. A. Prall has changed his address from Anaheim to Huntington Park. He is taking care of Dr. Savage's practice at the present time.

CLUB RATES

The various Eclectic publishers have decided to renew their special club offers to December 1, 1918, on a straight 10 per cent reduction, where two or more journals are ordered at one time. If you are not familiar with any of these journals, samples may be obtained on request.

	Price.	Club Rate.
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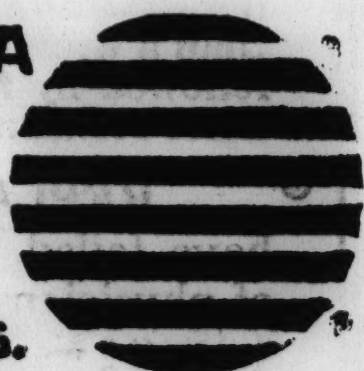
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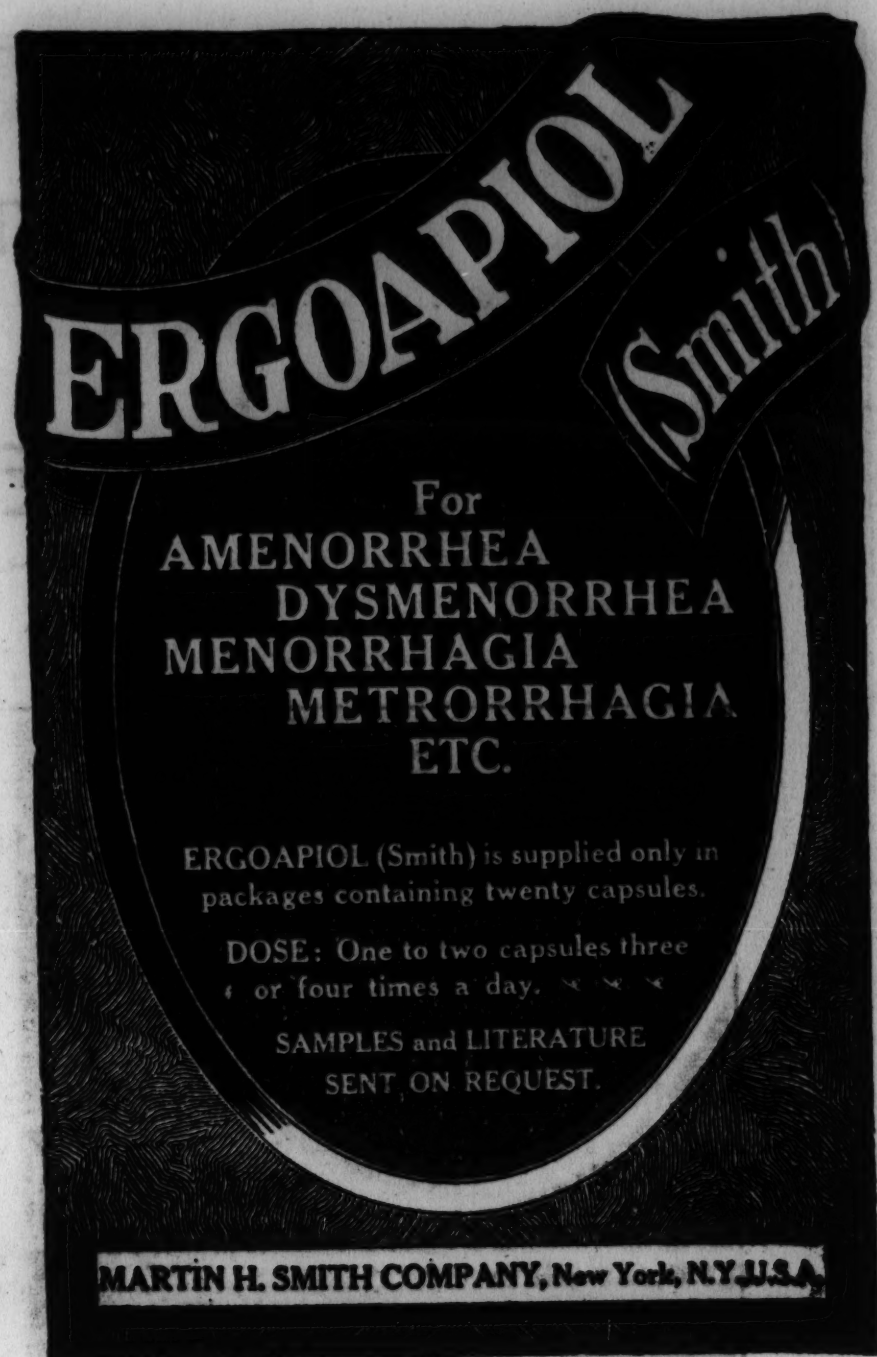
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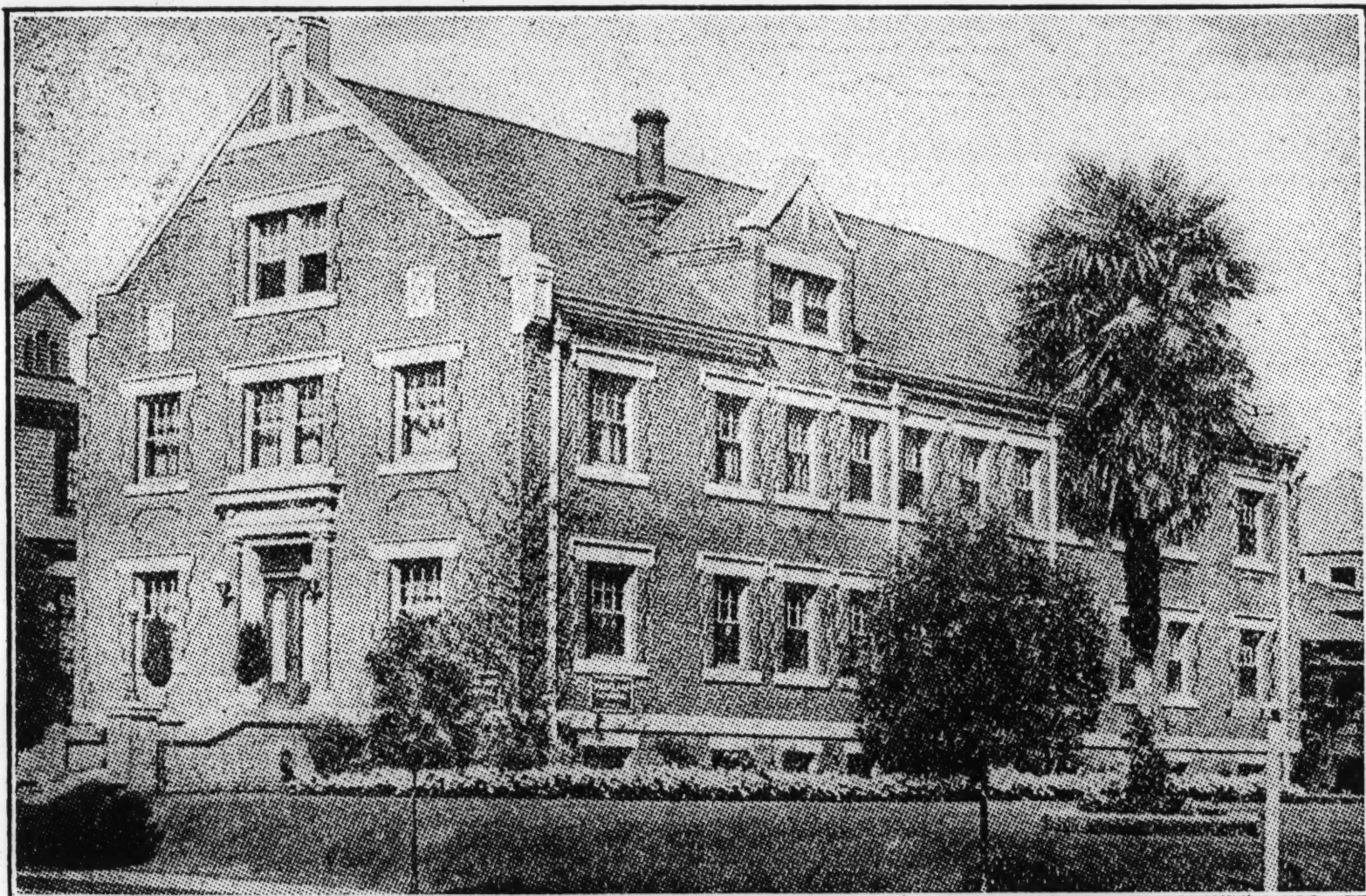
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